



2-838
PATENT
050-99-050

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kalman et al. : Confirmation No.: 1934
Serial No. 09/759,054 : Group Art Unit: 2838
Filed: January 10, 2001 : Examiner: Gary L. Laxton

For: AC-TO-AC POWER CONVERTER
WITHOUT A DC LINK CAPACITOR

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

In response to the Office Action dated as mailed on May 25, 2004, and having a period of response extending through and including August 25, 2004, please make the below-identified amendments and consider the following remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

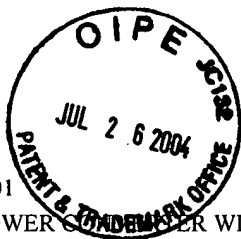
07/27/2004 SHINASS1 00000040 09759054

01 FC:1201

86.00 0p

Date: July 21, 2004

Inventor(s): Kalman et al.
 Serial No. 09/759,054
 Filed : January 10, 2001
 For : AC-TO-AC POWER



CONVERTER WITHOUT A DC LINK CAPACITOR

COMMISSIONER FOR PATENTS
 Alexandria, VA 22313-1450

00128

(Insert Customer Number)

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ Return Receipt Postcard
- ☐ No additional claim fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)		SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE			RATE	ADDIT. FEE
Total	*13	minus	**21	= 0	x \$9	= \$	OR	x18	= \$0	
Independent	*5	minus	***4	= 0	x \$43	= \$	OR	x86	= \$86.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145 = \$	OR	+290	= \$0	
TOTAL						\$	OR	TOTAL	\$86.00	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 01-1125 the amount of \$____. A copy of this transmittal letter is enclosed.
- ☐ A check in the amount of \$____ to cover the extension fee is enclosed.
- ☒ A check in the amount of \$86.00 to cover the additional claims.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 01-1125. A duplicate copy of this transmittal letter is enclosed.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Michael A. Shimokaji
 Michael A. Shimokaji, Reg. No. 32,303
 Oral Caglar, Reg. No. 44,577

Honeywell International Inc.
 Law Dept. AB2
 P.O. Box 2245
 Morristown, NJ 07962-9806
 (310) 512-4886

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 7/21/04

Michael A. Shimokaji
 Michael A. Shimokaji, Reg. No. 32,303